



Clark County Department Of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000

Residential Building Permit Application

ASSESSOR PARCEL#: _____

JOB SITE ADDRESS: _____

SUBDIVISION NAME: _____ LOT/BLK: _____

CONTACT NAME: _____ SET UP BY: _____

CONTACT ADDRESS: _____ ZIP: _____

CONTACT PHONE#: _____ FAX#: _____

OWNER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICATION NO.:

DETAILED DESCRIPTION OF WORK

THIS PROPERTY IS BEING SERVICED BY: ☐ SEPTIC OR ☐ SEWER NOV#: _____

TYPE OF CONSTRUCTION _____ OCCUPANCY: _____ SPRINKLER SYSTEM: _____

SQ. FT.: _____ NO. UNITS: _____ NO. STORIES: _____ QAA REQ'D: _____

CONTRACTOR'S DECLARATION

PERMIT FEES

CONTRACTOR NAME: _____

ST. LIC. NO.: _____ CLASS: _____

BUSINESS LIC. #: _____ PHONE#: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR SIGNATURE _____ DATE _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above mentioned property for inspection purposes.

APPLICANT SIGNATURE _____ DATE _____

COMMENTS:

STANDARD PLAN#: _____

☐ Plans Attached ☐ Plans on File ☐ No Plans

Zoning Review By: _____ Date: _____

Bldg Plan Review By: _____ Date: _____

Valuation: \$ _____

Permit Fee: \$ _____

Plan Review Fee Paid: \$ _____

Bldg Plan Review
Fee/Bal. Due or Credit: \$ _____

Zoning Plan Review Fee: \$ _____

Major Project Fee: \$ _____

Park Fee: \$ _____

Transportation Fee: \$ _____

Water Fee: \$ _____

PFNA Fee: \$ _____

MSHCP Fee: \$ _____

Mitigation Report Fee: \$ _____

Traffic Mitigation Fee: \$ _____

NOV Fee: \$ _____

\$ _____

TOTAL: \$ _____

☐ Cash ☐ Check No: _____

Issued By: _____ Date: _____